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Bib Data Sheet

CONFIRMATION NO. 9622

<b>SERIAL NUMBER</b> 09/657,041	<b>FILING DATE</b> 09/05/2000 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> BSI-430US8
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A REI OF 08/863,964 05/27/1997 PAT 5,855,598  
WHICH IS A CIP OF 08/558,028 11/13/1995 PAT 5,632,772  
AND A CIP OF 08/558,034 11/13/1995 PAT 5,639,278  
AND SAID 08/558,028 11/13/1995  
IS A CIP OF 08/140,245 10/21/1993 ABN  
AND SAID 08/558,034 11/13/1995  
IS A CIP OF 08/140,245 10/21/1993 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 42	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

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**TITLE**

Expandable supportive branched endoluminal grafts

<b>FILING FEE RECEIVED</b> 1140	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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